

**CONTRACT BETWEEN  
LEON COUNTY, FLORIDA  
AND  
STATE OF FLORIDA DEPARTMENT OF HEALTH  
FOR OPERATION OF  
THE LEON COUNTY HEALTH DEPARTMENT  
CONTRACT YEAR 2003-2004**

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and Leon County, Florida ("County"), through their undersigned authorities, effective October 1, 2003.

**RECITALS**

A. Pursuant to Chapter 154, F.S., the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Leon County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. **RECITALS.** The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.

2. **TERM.** The parties mutually agree that this Agreement shall be effective from October 1, 2003, through September 30, 2004, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

3. **SERVICES MAINTAINED BY THE CHD.** The parties mutually agree that the CHD shall provide those services as set forth on Part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local funds and shall include those services mandated on a state or federal level. Examples of

environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women, infants, and children; home health; and dental services.

4. FUNDING. The parties further agree that funding for the CHD will be handled as follows:

a. The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility (*direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C*) as provided in Attachment II, Part II is an amount not to exceed \$ 6,484,752.00 (*State General Revenue, Other State Funds and Federal Funds listed on the Schedule C*). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (*direct contribution excluding any fees, other cash or local contributions*) as provided in Attachment II, Part II is an amount not to exceed \$ 317,984 (*amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment*).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule. Fees are listed in Attachment II Part II of this contract and in the Environmental Health Fee Schedule that is provided by the Environmental Health Program Office. The estimated annual environmental health fee revenues accruing to the County Health Department Trust Fund are listed on Attachment VI.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund  
Leon County  
2965 Municipal Way  
Tallahassee, FL 32304

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County-State Goal Achievement" report located on the Department of Health Intranet*).

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Client Information System/Health Management Component compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director/administrator must sign a justification therefore,

and all county-purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of paragraph 6.i., below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

- i. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).
- ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;
- iii. Financial procedures specified in the Department of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Leon County.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund account at the end of the contract year shall be credited/debited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract and funding from all sources is credited to the program accounts by state and county. The equity share of any surplus/deficit funds accruing to the state and county is determined each month and at contract year-end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, including fees and accrued interest, shall remain in the trust fund until accounted for in a manner which clearly illustrates the amount

which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in Attachment II, Part I of this contract, with special capital projects explained in Attachment V.

f. There shall be no transfer of funds between the three levels of services without a contract amendment unless the CHD director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy State Health Officer has approved the transfer. The Deputy State Health Officer shall forward written evidence of this approval to the CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this Agreement. Any such subcontract shall include all aforementioned audit and record keeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise exempted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 456.057, Florida Statutes, and all other state and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated September 1997, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The

CHD will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment I of this Agreement.

- n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.
- o. The CHD shall submit quarterly reports to the county that shall include at least the following:
  - i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
  - ii. A written explanation to the county of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the cumulative amount of the variance between actual and planned expenditures does not exceed three percent of the cumulative expenditures for the level of service in which the type of service is included, a variance explanation is not required. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

- i. March 1, 2004 for the report period October 1, 2003 through December 31, 2003;
- ii. June 1, 2004 for the report period October 1, 2003 through March 31, 2004;
- iii. September 1, 2004 for the report period October 1, 2003 through June 30, 2004; and
- iv. December 1, 2004 for the report period October 1, 2003 through September 30, 2004.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

- a. CHD facilities shall be provided as specified in Attachment IV to this contract and the county shall own the facilities used by the CHD unless otherwise provided in Attachment IV.
- b. The county shall assure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.
- c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall assure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department Trust Fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, either party may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt

requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

9. MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 2004, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Modification. This Agreement and its Attachments contain all of the terms and conditions agreed upon between the parties. Modifications of this Agreement shall be enforceable only when reduced to writing and signed by all parties.

c. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

Arthur P. Cooper, M.P.H.  
Name

Administrator, Leon CHP  
Title

2965 Municipal Way

Tallahassee, FL 32304  
Address

(850) 487-3162  
Telephone

For the County:

Tony Grippa  
Name

Chair, Leon County  
Title

301 South Monroe

Tallahassee, Florida 32301  
Address

(850) 487-4710  
Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

d. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 36 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2003.

LEON COUNTY, FLORIDA

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

SIGNED BY: \_\_\_\_\_

NAME: Tony Grippa, Chairman

TITLE: Board of County Commissioners

DATE: \_\_\_\_\_

ATTESTED TO:

SIGNED BY: \_\_\_\_\_

NAME: Bob Inzer, Clerk of the Circuit Court NAME: Arthur P. Cooper, M.P.H.

TITLE: Leon County, Florida

DATE: \_\_\_\_\_

APPROVED AS TO FORM:

SIGNED BY: \_\_\_\_\_

NAME : Herbert W.A. Thiele Esq., County Attorney

Leon County Attorney's Office

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: John O. Agwunobi, M.D., M.B.A.

TITLE: Secretary

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: Arthur P. Cooper, M.P.H.

TITLE: CHD Director/Administrator

DATE: \_\_\_\_\_

**ATTACHMENT I****LEON COUNTY HEALTH DEPARTMENT****PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING  
COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS**

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

<u>Service</u>	<u>Requirement</u>
1. Sexually Transmitted Disease Program	Requirements as specified in FAC 64D-3 and F.S. 384 and the CHD Guidebook Internal Operating Policy STD 6 and 7.
2. Dental Health	Monthly reporting on DH Form 1008*.
3. Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4. Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5. Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
6. Immunization	Periodic reports as specified by the department regarding the surveillance/investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms reporting adverse events following immunization and Immunization Module quarterly quality audits and duplicate data reports.
7. Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8. Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9. HIV/AIDS Program	Requirements as specified in Florida Statute 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

10. School Health Services                    HRSM 150-25\*, including the requirement for an annual plan as a condition for funding.

\*or the subsequent replacement if adopted during the contract period.

**ATTACHMENT II****LEON COUNTY HEALTH DEPARTMENT****PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES**

	Estimated State Share of CHD Trust Fund Balance as of 09/30/03	Estimated County Share of CHD Trust Fund Balance as of 09/30/03	Total
1. CHD Trust Fund Ending Balance 09/30/03	1,023,247.00	255,576.00	1,278,823.00
2. Drawdown for Contract Year October 1, 2003 to September 30, 2004	649,020.00	0	649,020.00
3. Special Capital Project use for Contract Year October 1, 2003 to September 30, 2004			
4. Balance Reserved for Contingency Fund October 1, 2003 to September 30, 2004	374,227.00	255,576.00	629,803.00

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

Funds designated for Special Capital Projects must be used for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special capital project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special capital projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Capital Project information, including description, cost by each project and anticipated completion date must be listed in Attachment V.

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

Attachment #  
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## ATTACHMENT II

**LEON COUNTY HEALTH DEPARTMENT**  
**Part II: Sources of Contributions to County Health Department**

October 1, 2002 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>1. GENERAL REVENUE - STATE</b>						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	28,568	0	28,568	0	28,568
015011	ALG/PRIMARY CARE	369,688	0	369,688	0	369,688
015011	PRIMARY CARE SPECIAL PROJECT	0	0	0	0	0
015012	G/A EPILEPSY SERVICES	152,174	0	152,174	0	152,174
015048	ALG/CONTR TO CHDS-STD PROGRAM	29,232	0	29,232	0	29,232
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	2,196,782	0	2,196,782	0	2,196,782
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	618	0	618	0	618
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	34,100	0	34,100	0	34,100
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	11,855	0	11,855	0	11,855
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	CITIZENS AGAINST TOXIC EXPOSURE (CATE)	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	153,520	0	153,520	0	153,520
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015050	FIRST STEP - MOTHERS AND INFANTS PROGRAM	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	0	0	0	0	0
015050	INTERDISCIPLINARY MANAGED CARE INITIATIVE	0	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015050	MEDIVAN PROJECT - ELDERLY INTEREST	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PATIENT CARE	175,810	0	175,810	0	175,810
015065	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	90,075	0	90,075	0	90,075
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	60,000	0	60,000	0	60,000
015123	ALG/FAMILY PLANNING	111,120	0	111,120	0	111,120
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	25,208	0	25,208	0	25,208
015124	ALG/IPO HEALTHY START	153,576	0	153,576	0	153,576
015124	ALG/IPO HEALTHY START/IPO CAT 050707	173,181	0	173,181	0	173,181
015124	ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015124	ALG/MCH HEALTHY START/IPO CAT 050870	12,809	0	12,809	0	12,809
015124	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015137	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	71,248	0	71,248	0	71,248
015050	Health Promotion and Education Initiative	0	0	0	0	0
<b>GENERAL REVENUE TOTAL</b>		3,849,564	0	3,849,564	0	3,849,564
<b>2. NON GENERAL REVENUE - STATE</b>						
001009	Debit Memo-Bad Checks	0	0	0	0	0
010304	Stationary Pollutant Storage Tanks	160	0	160	0	160
015000	Transfer	0	0	0	0	0
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	26,872	0	26,872	0	26,872
015010	ENHANCED DENTAL SERVICES TOBACCO TF	0	0	0	0	0
015010	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0

**LEON COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>2. NON GENERAL REVENUE - STATE</b>						
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0	0
015016	G/A EPILEPSY PREVENTION AND EDUCATION EPILEPSY TF	94,081	0	94,081	0	94,081
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF	0	0	0	0	0
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	15,170	0	15,170	0	15,170
015047	SUPER ACT PROGRAM (CAT 050329 OCA 9V000)ADMIN TF	170	0	170	0	170
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	6,345	0	6,345	0	6,345
015170	TOBACCO COORDINATION	0	0	0	0	0
015172	FULL SERVICE SCHOOLS - TOBACCO TF	123,039	0	123,039	0	123,039
015174	BASIC SCHOOL HEALTH - TOBACCO TF	110,468	0	110,468	0	110,468
<b>NON GENERAL REVENUE TOTAL</b>		376,305	0	376,305	0	376,305
<b>3. FEDERAL FUNDS - State</b>						
007000	Public Health Preparedness indirect	30,000	0	30,000	0	30,000
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRAM	0	0	0	0	0
007000	STATE PROGRAMS TO PREVENT OBESITY 2003-04	0	0	0	0	0
007030	PHBG/MIGRANT LABOR CAMP SANITATION	1,470	0	1,470	0	1,470
007044	PHBG/RAPE AWARENESS	0	0	0	0	0
007049	STD PROGRAM-CSPS	2,500	0	2,500	0	2,500
007049	STD PROGRAM-INFERTILITY PROJECT	0	0	0	0	0
007049	STD PROGRAM-MED & LAB SVCS TRNG CNTR	0	0	0	0	0
007049	STD PROGRAM-STD/PHY TRAINING CENTER	0	0	0	0	0
007049	STD PROGRAM-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	1,005,346	0	1,005,346	0	1,005,346
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007058	FGTF/DIABETES CONTROL	0	0	0	0	0
007062	FGTF/AIDS EPIDEMIOLOGICAL RESEARCH STUDY	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HLTH PRGM	0	0	0	0	0
007064	AIDS SEROPREVALENCE	0	0	0	0	0
007064	EVAL INTEG HIV/AIDS SURV SYST PERFORMANCE	27,520	0	27,520	0	27,520
007064	FGTF/AIDS SURVEILLANCE	0	0	0	0	0
007065	AIDS PREVENTION	323,562	0	323,562	0	323,562
007066	FGTF/RYAN WHITE	57,377	0	57,377	0	57,377
007066	FGTF/RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007066	FGTF/RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	24,737	0	24,737	0	24,737
007066	FGTF/RYAN WHITE-CONSORTIA	0	0	0	0	0
007067	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007068	FGTF/AIDS INMATE INTERVENTION	0	0	0	0	0
007069	FGTF/AIDS MINORITY INVOLVEMENT IN HIV	0	0	0	0	0
007077	BIOTERR SURVEILLANCE & CAPACITY/US ATTACK 2002	10,670	0	10,670	0	10,670
007077	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	53,937	0	53,937	0	53,937
007077	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007077	BIOTERRORISM PLANNING & READINESS	298,140	0	298,140	0	298,140
007084	FGTF/IMMUNIZATION ACTION PLAN	9,365	0	9,365	0	9,365
007084	FGTF/IMMUNIZATION-PROJECT FIELD STAFF	15,765	0	15,765	0	15,765

**LEON COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>3. FEDERAL FUNDS - State</b>						
007084	FGTF/IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007084	IMMUNIZATION SPECIAL PROJECT	5,732	0	5,732	0	5,732
007084	IMMUNIZATION SUPPLEMENTAL - 2002	0	0	0	0	0
007084	SMALLPOX VACCINATION PROJECT	0	0	0	0	0
007085	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	32,250	0	32,250	0	32,250
007127	MCH BGTF-MCH/CHILD HEALTH	14,584	0	14,584	0	14,584
007127	MCH BGTF-MCH/CHILD HEALTH AGES 0-1 YR	3,416	0	3,416	0	3,416
007132	MCH BGTF-MCH/DENTAL PROJECTS	0	0	0	0	0
007133	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007133	FGTF/FAMILY PLANNING-TITLE X	123,325	0	123,325	0	123,325
007134	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007134	MCH BGTF-HEALTHY START IPO	76,646	0	76,646	0	76,646
007134	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007134	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007135	FGTF/ABSTINENCE EDUCATION PROGRAM	0	0	0	0	0
015021	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	115,465	0	115,465	0	115,465
015021	MEDIPASS WAIVER-SOBRA	63,320	0	63,320	0	63,320
015060	Entrant Reimbursement Transfer	0	0	0	0	0
015075	FULL SERVICE SCHOOLS-TANF	14,444	0	14,444	0	14,444
015075	KIDCARE OUTREACH REFUGEE-ENTRANT	0	0	0	0	0
015075	SCHOOL HEALTH-SUPPLEMENT-TANF	19,803	0	19,803	0	19,803
015075	TANF ABSTINENCE EDUCATION	0	0	0	0	0
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	138,624	0	138,624	0	138,624
<b>FEDERAL FUNDS TOTAL</b>		2,467,998	0	2,467,998	0	2,467,998
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001026	Returned Check Ser Fees	0	0	0	0	0
001091	Communicable Disease Fees	1,500	0	1,500	0	1,500
001092	Environmental Health Fees	142,986	0	142,986	0	142,986
001092	OSDS Repair Permit	0	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0	0
001092	I & M Zoned Operating Permit	0	0	0	0	0
001092	Aerobic Operating Permit	0	0	0	0	0
001092	Septic Tank Site Evaluation	0	0	0	0	0
001113	Mobile Home and Parks	6,100	0	6,100	0	6,100
001132	Food Hygiene Permit	31,300	0	31,300	0	31,300
001135	OSDS Variance Fee	0	0	0	0	0
001139	Migrant Housing Permit	0	0	0	0	0
001140	Biohazard Waste Permit	8,000	0	8,000	0	8,000
001142	Non SDWA Lab Sample	0	0	0	0	0
001144	Tanning Facilities	6,000	0	6,000	0	6,000
001145	Swimming Pools	36,000	0	36,000	0	36,000
001149	Body Piercing	675	0	675	0	675
001165	Private Water Constr Permit	0	0	0	0	0
001166	Public Water Annual Oper Permit	3,600	0	3,600	0	3,600
001166	Public Water Constr Permit	0	0	0	0	0
001166	Non-SDWA System Permit	0	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0	0

**LEON COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001211	Safe Drinking Water	0	0	0	0	0
010403	Fees-Copy of Public Doc	0	0	0	0	0
015052	Transfers-Mobile Home/RV Park	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		236,161	0	236,161	0	236,161
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>						
090001	Draw down from Public Health Unit	0	0	0	0	0
015029	Transfers Intra Agency	0	0	0	0	0
015121	Super Act Reimbursements	3,900	0	3,900	0	3,900
015139	Well Surveillance Reimbursement - Pesticide	0	0	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>		3,900	0	3,900	0	3,900
<b>6. MEDICAID - STATE/COUNTY</b>						
001052	Medicaid Receipts - Part B	0	0	0	0	0
001056	CHD Incm:Medicaid-Pharmacy	0	0	0	0	0
001059	Medicaid EIP	0	0	0	0	0
001080	CHD Incm:Medicaid-Other	164	236	400	0	400
001081	CHD Incm:Medicaid-EPSDT	493	707	1,200	0	1,200
001082	CHD Incm:Medicaid-Dental	123,210	176,790	300,000	0	300,000
001083	CHD Incm:Medicaid-FP	7,000	63,000	70,000	0	70,000
001084	CHD Incm:Medicaid-Physician	1,643	2,357	4,000	0	4,000
001085	CHD Incm:Medicaid-Nursing	0	0	0	0	0
001086	CHD Incm:Co-Insurance	0	0	0	0	0
001087	CHD Incm:Medicaid-STD	0	0	0	0	0
001088	CHD Incm:Med Reimb AZT Disp Fee	0	0	0	0	0
001089	Medicaid AIDS	0	0	0	0	0
001147	Medicaid HMO Rate	0	0	0	0	0
001148	Medicaid-HMO Admin	0	0	0	0	0
001181	CHD Incm:Medicaid Transportation	0	0	0	0	0
001191	CHD Incm:Medicaid Maternity	14,375	20,626	35,000	0	35,000
001192	CHD Incm:Medicaid Comp. Child	0	0	0	0	0
001193	CHD Incm:Medicaid Comp. Adult	0	0	0	0	0
001194	CHD Incm:Medicaid Sonogram	0	0	0	0	0
001208	Medipass \$3.00 Adm. Fee	0	0	0	0	0
<b>MEDICAID TOTAL</b>		146,884	263,716	410,600	0	410,600
<b>7. ALLOCABLE REVENUE - STATE</b>						
018001	Refunds, Salary	0	0	0	0	0
018003	Refunds, other Personal Services	0	0	0	0	0
018004	Refunds, Expenses	0	0	0	0	0
018005	Refunds Grants to Local Gov't	0	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0	0
018010	Refunds, Special Category	0	0	0	0	0
018011	Refunds, Other	0	0	0	0	0
018013	DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0	0
029010	Sale of Fixed Assets	0	0	0	0	0

## LEON COUNTY HEALTH DEPARTMENT

## Part II. Sources of Contributions to County Health Department

October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>7. ALLOCABLE REVENUE - STATE</b>						
037000	Prior Year Warrant	0	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0	0
	<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>						
	State Pharmacy Services	0	0	0	218,672	218,672
	State Laboratory Services	0	0	0	284,228	284,228
	State TB Services	0	0	0	0	0
	State Immunization Services	0	0	0	122,431	122,431
	State STD Services	0	0	0	65,912	65,912
	State Construction/Renovation	0	0	0	0	0
	WIC Food	0	0	0	2,694,328	2,694,328
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
	Other (specify)	0	0	0	0	0
	<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,385,571</b>	<b>3,385,571</b>
<b>9. DIRECT COUNTY CONTRIBUTIONS - COUNTY</b>						
008030	Grants-County Tax Direct	0	0	0	0	0
008034	Grants Cnty Commsn Other	0	317,984	317,984	0	317,984
	<b>BOARD OF COUNTY COMMISSIONERS TOTAL</b>	<b>0</b>	<b>317,984</b>	<b>317,984</b>	<b>0</b>	<b>317,984</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>						
001004	Child Car Seat Prog	0	0	0	0	0
001060	Vital Statistics Fees Other	0	0	0	0	0
001062	Rabies Vaccine	0	0	0	0	0
001062	Rabies Vaccine	0	0	0	0	0
001074	Adult Enter. Permit Fees	0	0	0	0	0
001077	Primary Care Fees	0	7,850	7,850	0	7,850
001093	Communicable Disease Fees	0	95,000	95,000	0	95,000
001094	Environmental Health Fees	0	36,000	36,000	0	36,000
001114	New Birth Certificates	0	65,000	65,000	0	65,000
001115	Death Certificates	0	90,000	90,000	0	90,000
001116	Computer Access Fee	0	0	0	0	0
001117	Vital Stats-Adm. Fee 50 cents	0	0	0	0	0
001195	Primary Care Transfer Fees	0	0	0	0	0
001196	Water Analysis-Potable	0	0	0	0	0
	<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>293,850</b>	<b>293,850</b>	<b>0</b>	<b>293,850</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001000	Fees Other	0	0	0	0	0
001010	Recovery-Bad Checks	0	0	0	0	0
001026	Returned Check Fee	0	0	0	0	0
001029	Third Party Reimbursement	0	20,000	20,000	0	20,000
001072	Ryan White Title I	0	0	0	0	0

**ATTACHMENT II**  
**LEON COUNTY HEALTH DEPARTMENT**  
**Part II. Sources of Contributions to County Health Department**

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October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>						
001073	Ryan White Title II	0	0	0	0	0
001075	Ryan White Title III	0	0	0	0	0
001090	Medicare	0	1,700	1,700	0	1,700
001190	Health Maintenance Organ. (HMO)	0	0	0	0	0
005040	Interest Earned	0	0	0	0	0
005041	Interest Earned-State Investment Account	0	14,000	14,000	0	14,000
007010	U.S. Grants Direct	0	0	0	0	0
008010	Grants Contracts Frm Cities Direct	0	0	0	0	0
008031	County AIDS Education	0	0	0	0	0
008033	County Contributions For Facilities	0	0	0	0	0
008050	Grants-Cnty Sch Board Direct	0	23,878	23,878	0	23,878
008090	Grants other Local Govn't Direct	0	15,000	15,000	0	15,000
008094	Grnts/Contracts other Agencies Direct	0	59,000	59,000	0	59,000
008095	Grants Cnty Sect 403.102 Air Pol	0	0	0	0	0
008099	Reimb/Rebate Local Govn't	0	0	0	0	0
010300	Sale of Goods and Services	0	0	0	0	0
010301	Exp Witness Fee Consultnt Charges	0	0	0	0	0
010302	Sale of Goods and Services, to Other Agencies	0	0	0	0	0
010402	Recycle Paper Sales	0	0	0	0	0
010403	Fees-Copies of Documents	0	0	0	0	0
010405	Sale of pharmaceuticals	0	0	0	0	0
010408	Copy Fess Intra/Inter Agency	0	0	0	0	0
010409	Sale of Goods and Services Outside State Government	0	0	0	0	0
011001	Healthy Start Coalition Contributions	0	0	0	0	0
011007	Cash Donations Private	0	0	0	0	0
011098	Donation School Based Clinic	0	0	0	0	0
011099	Other Grants/Donations Direct	0	2,300	2,300	0	2,300
011522	Other Grant DOE	0	0	0	0	0
012020	Fines and Forfeitures	0	0	0	0	0
012021	Return Check Charge	0	0	0	0	0
028010	Insurance Recoveries-Fire Losses	0	0	0	0	0
028010	Insurance Recoveries-Fire Losses	0	0	0	0	0
028020	Insurance Recoveries-Other	0	0	0	0	0
090002	Draw down from Public Health Unit	0	0	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		0	135,878	135,878	0	135,878
<b>12. ALLOCABLE REVENUE - COUNTY</b>						
018001	Refunds, Salary	0	0	0	0	0
018003	Refunds, other Personal Services	0	0	0	0	0
018004	Refunds, Expenses	0	0	0	0	0
018005	Refunds Grants to Local Gov't	0	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0	0
018010	Refunds, Special Category	0	0	0	0	0
018011	Refunds, Other	0	0	0	0	0
018013	DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0	0
029010	Sale of Fixed Assets	0	0	0	0	0
037000	Prior Year Warrant	0	0	0	0	0

## ATTACHMENT E

## LEON COUNTY HEALTH DEPARTMENT

## Part II Sources of Contributions to County Health Department

October 1, 2003 to September 30, 2004

		State CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>12. ALLOCABLE REVENUE - COUNTY</b>						
038000	12 Month Old Warrant	0	0	0	0	0
<b>COUNTY ALLOCABLE REVENUE TOTAL</b>		0	0	0	0	0
<b>13. BUILDINGS - COUNTY</b>						
Annual Rental Equivalent Value		0	0	0	0	0
Maintenance		0	0	0	0	0
Other (specify)		0	0	0	0	0
Other (specify)		0	0	0	0	0
Other (specify)		0	0	0	0	0
Other (specify)		0	0	0	0	0
<b>BUILDINGS TOTAL</b>		0	0	0	0	0
<b>14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY</b>						
Other County Contribution of some unknown origin		0	0	0	0	0
Other County Contribution (specify)		0	0	0	0	0
Other County Contribution (specify)		0	0	0	0	0
Other County Contribution (specify)		0	0	0	0	0
Other County Contribution (specify)		0	0	0	0	0
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>		0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>		7,080,812	1,011,428	8,092,240	3,385,571	11,477,811

## LEON COUNTY HEALTH DEPARTMENT

Part III: Planners, Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2003 to September 30, 2004

## Quarterly Expenditure Plan

	FTE's (0.00)	Clients Units	Services	1st Quarter (Whole dollars only)	2ndq 2nd Quarter	3rd 3rd Quarter	4th 4th Quarter	County	State	Grand Total
<b>A. COMMUNICABLE DISEASE CONTROL:</b>										
Immunization (101)	7.59	7,000	10,000	81,177	81,177	81,178	81,178	83,353	241,357	324,710
STD (102)	12.50	3,000	18,000	129,000	129,000	129,000	129,000	4,000	512,000	516,000
A.I.D.S. (103)	11.74	750	11,000	185,804	185,804	185,803	185,803	0	743,214	743,214
TB Control Services (104)	4.50	500	4,800	47,500	47,500	47,500	47,500	3,000	187,000	190,000
Comm. Disease Surv. (106)	2.50	0	400	37,500	37,500	37,500	37,500	0	150,000	150,000
Hepatitis Prevention (109)	0.00	0	0	0	0	0	0	0	0	0
Public Health Preparedness and Response (116)	6.10	0	0	118,750	118,750	118,750	118,750	0	475,000	475,000
Vital Statistics (180)	4.51	0	0	48,500	48,500	48,500	48,500	194,000	0	194,000
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>49.44</b>	<b>11,250</b>	<b>44,200</b>	<b>648,231</b>	<b>648,231</b>	<b>648,231</b>	<b>648,231</b>	<b>284,353</b>	<b>2,308,571</b>	<b>2,592,924</b>
<b>B. PRIMARY CARE:</b>										
Chronic Disease Services (210)	3.50	260	850	45,000	45,000	45,000	45,000	0	180,000	180,000
Tobacco Prevention (212)	0.00	0	0	0	0	0	0	0	0	0
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	29.52	10,000	75,000	275,000	275,000	275,000	275,000	0	1,100,000	1,100,000
Family Planning (223)	15.85	5,000	24,000	178,147	178,147	178,147	178,147	74,473	638,115	712,588
Improved Pregnancy Outcome (225)	3.65	480	3,500	75,000	75,000	75,000	75,000	21,000	279,000	300,000
Healthy Start Prenatal (227)	7.50	1,500	21,000	97,500	97,500	97,500	97,500	0	390,000	390,000
Comprehensive Child Health (229)	3.00	250	1,500	56,500	56,500	56,500	56,500	30,977	195,023	226,000
Healthy Start Infant (231)	2.70	300	2,800	32,500	32,500	32,500	32,500	0	130,000	130,000
School Health (234)	13.50	0	64,388	193,800	155,040	148,580	148,580	25,911	620,089	646,000
Comprehensive Adult Health (237)	2.75	1,500	6,000	137,500	137,500	137,500	137,500	134,530	415,470	550,000
Dental Health (240)	6.00	2,000	12,500	93,750	93,750	93,750	93,750	177,000	198,000	375,000
<b>PRIMARY CARE SUBTOTAL</b>	<b>87.97</b>	<b>21,290</b>	<b>211,538</b>	<b>1,184,697</b>	<b>1,145,937</b>	<b>1,139,477</b>	<b>1,139,477</b>	<b>463,891</b>	<b>4,145,697</b>	<b>4,609,588</b>
<b>C. ENVIRONMENTAL HEALTH:</b>										
<b>Water and Onsite Sewage Programs</b>										
Coastal Beach Monitoring (347)	0.00	0	0	0	0	0	0	0	0	0
Limited Use Public Water Systems (357)	0.38	70	195	3,701	3,702	3,701	3,702	0	14,806	14,806
Public Water System (358)	0.00	0	0	0	0	0	0	0	0	0
Private Water System (359)	0.00	0	0	0	0	0	0	0	0	0
Individual Sewage Disp. (361)	5.97	1,217	4,345	62,318	62,318	62,319	62,320	135,203	114,072	249,275
<b>Group Total</b>	<b>6.35</b>	<b>1,287</b>	<b>4,540</b>	<b>66,019</b>	<b>66,020</b>	<b>66,020</b>	<b>66,022</b>	<b>135,203</b>	<b>128,878</b>	<b>264,081</b>
<b>Facility Programs</b>										
Food Hygiene (348)	2.27	176	790	17,500	17,500	17,500	17,500	0	70,000	70,000
Body Art (349)	0.01	4	6	125	124	125	125	0	499	499
Group Care Facility (351)	5.86	788	1,897	39,212	39,212	39,212	39,213	102,380	54,469	156,849
Migrant Labor Camp (352)	0.01	1	7	0	0	0	0	0	0	0
Housing, Public Bldg Safety, Sanitation (353)	0.00	0	0	0	0	0	0	0	0	0
Mobile Home and Parks Services (354)	0.38	83	196	2,738	2,738	2,738	2,739	0	10,953	10,953
Swimming Pools/Bathing (360)	1.09	286	665	0	0	28,355	28,355	0	56,710	56,710
Biomedical Waste Services (364)	0.52	208	218	8,322	8,322	8,323	8,324	0	33,291	33,291
Tanning Facility Services (369)	0.13	32	84	2,337	2,337	2,337	2,338	0	9,349	9,349

## APPENDIX D

## LEON COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 2003 to September 30, 2004

## Quarterly Expenditure Plan

	PEPs (0:00)	Clients Units	Services	1st Quarter	2nd Quarter (Whole dollars only)	3rd Quarter	4th Quarter	County	State	Grand Total
<b>C. ENVIRONMENTAL HEALTH:</b>										
Group Total	10.27	1,578	3,863	70,234	70,233	98,590	98,594	102,380	235,271	337,651
Groundwater Contamination										
Storage Tank Compliance (355)	0.00	0	0	0	0	0	0	0	0	0
Super Act Service (356)	0.00	0	5,377	1,344	1,344	1,344	1,345	0	5,377	5,377
Group Total	0.00	0	5,377	1,344	1,344	1,344	1,345	0	5,377	5,377
Community Hygiene										
Occupational Health (344)	0.00	0	0	0	0	0	0	0	0	0
Consumer Product Safety (345)	0.00	0	0	0	0	0	0	0	0	0
Emergency Medical (346)	0.00	0	0	0	0	0	0	0	0	0
Lead Monitoring Services (350)	0.00	0	0	0	0	0	0	0	0	0
Public Sewage (362)	0.00	0	0	0	0	0	0	0	0	0
Solid Waste Disposal (363)	0.00	0	0	0	0	0	0	0	0	0
Sanitary Nuisance (365)	0.67	260	364	6,400	6,400	6,400	6,401	25,601	0	25,601
Rabies Surveillance/Control Services (366)	0.00	0	0	0	0	0	0	0	0	0
Arbovirus Surveillance (367)	0.30	0	175	122	123	122	123	0	490	490
Rodent/Arthropod Control (368)	0.00	0	0	0	0	0	0	0	0	0
Water Pollution (370)	0.00	0	0	0	0	0	0	0	0	0
Air Pollution (371)	0.00	0	0	0	0	0	0	0	0	0
Radiological Health (372)	0.00	0	0	0	0	0	0	0	0	0
Toxic Substances (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.97	260	539	6,522	6,523	6,522	6,524	25,601	490	26,091
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>17.59</b>	<b>3,125</b>	<b>14,319</b>	<b>144,119</b>	<b>144,120</b>	<b>172,476</b>	<b>172,485</b>	<b>263,184</b>	<b>370,016</b>	<b>633,200</b>
<b>D. SPECIAL CONTRACTS:</b>										
Special Contracts (599)	0.00	0	0	64,132	64,132	64,132	64,132	0	256,528	256,528
<b>SPECIAL CONTRACTS SUBTOTAL</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>64,132</b>	<b>64,132</b>	<b>64,132</b>	<b>64,132</b>	<b>0</b>	<b>256,528</b>	<b>256,528</b>
<b>TOTAL CONTRACT</b>	<b>155.00</b>	<b>35,665</b>	<b>270,057</b>	<b>2,041,179</b>	<b>2,002,420</b>	<b>2,024,316</b>	<b>2,024,325</b>	<b>1,011,428</b>	<b>7,080,812</b>	<b>8,092,240</b>

**ATTACHMENT III**Attachment # 1  
Page 22 of 34**LEON COUNTY HEALTH DEPARTMENT****CIVIL RIGHTS CERTIFICATE**

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

**ATTACHMENT IV**  
**LEON COUNTY HEALTH DEPARTMENT**

**FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT**

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Headquarters Building Leon County Health Department	2964 Municipal Way Tallahassee, Fl	Leon County
Roberts & Stevens Medical Services Center Leon County Health Department	1515 Old Bainbridge Rd. Tallahassee, Fl	Leon County
South Side Clinic Leon County Health Department	872 W. Orange Avenue Tallahassee, Fl	Leon County
Environmental Health Leon County Health Department	3401 W. Tharpe Street Tallahassee, Fl	Leon County
Bond Community Health Subcontractor for Leon CHD	710 W. Orange Ave Tallahassee, Fl	Leased
Neighborhood Health Services Subcontractor for Leon CHD	438 W. Brevard Tallahassee, Fl	City of Tallahassee
Fairview Middle School Clinic	3415 Zillah Rd Tallahassee, Fl	Leon County School Board
Griffin Middle School Clinic	800 Alabama Street Tallahassee, Fl	Leon County School Board
Godby High School Clinic	1717 W. Tharpe Street Tallahassee, Fl	Leon County School Board
Nims Middle School Clinic	723 W. Orange Avenue Tallahassee, Fl	Leon County School Board
Belle Vue Middle School Clinic	2214 Belle Vue Way Tallahassee, Fl	Leon County School Board
Deerlake Middle School Clinic	9902 Deerlake West Tallahassee, Fl	Leon County School Board

## ATTACHMENT V

### LEON COUNTY HEALTH DEPARTMENT

#### **DESCRIPTION OF USE OF CHD TRUST FUND BALANCES FOR SPECIAL CAPITAL PROJECTS, IF APPLICABLE** (From Attachment II, Part I)

Include detailed Special Capital Project information, including description, cost by each project and anticipated completion date on this attachment.

1. 527= Construction, Renovation and equipment for a new dental clinic. The renovation amount has been increased to 649,020.00. There is a contract for this amount between the Department of Health and Leon County.

#### **DESCRIPTION OF SPECIAL CONTRACTS** (From Attachment II, Part III)

Please list separately

Special contracts are contracts for services for which there are no comparable services in the county health department core programs; no service codes in Departmental coding manuals; projects that are locally designed and have no standard statewide set of services and therefore cannot be accounted for within existing county health department programs. These contracts are coded to FLAIR Level 5 of 599 and include some contracts formerly handled at the district offices such as epilepsy, Project WARM, community planning and special family planning and teen mother projects.

1. Epilepsy Contract (LNJ211) \$246,255

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pecial family planning and

COLLECTED BY THE 13 DELEGATED COUNTIES	XX-1403	000100	RV	K3000	10-2-021042	64200600	00	1302000000
Broward, Dade, Duval, Hillsborough, Lee, Manatee, Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.								
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,								
Hurons, and Washington Counties are processed by Escambia								
County and variances and permits for Pasco County are processed by Pinellas County as follows:								
1. Plan review (new construction)	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001
2. Plan review for modification of original construction	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001
3. Plan/application review for bathing place development	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001
4. Initial operating permit	125.00	125.00	DK	001092	000100	CD	8K000	20-2-141001
5. Variance applications	240.00	240.00	DK	001092	000100	CD	8K000	20-2-141001
5.a. Transfer to Headquarters								
All other counties are to send the fee to Bureau of Water Programs in Tallahassee or the Environmental Engineering section in Orlando as follows:	24.00	98-910	SM	001205	000100	RV	K3000	10-2-021042
1. Plan review (new construction)	275.00	00-000	SM	001044	000100	RV	K3000	10-2-021042
2. Plan review for modification of original construction	100.00	100.00	SM	001044	000100	RV	K3000	10-2-021042
3. Plan/application review for bathing place development	275.00	275.00	00-000	SM	001044	000100	RV	K3000
4. Initial operating permit	125.00	125.00	00-000	SM	001044	000100	RV	10-2-021042
5. Variance applications	240.00	240.00	00-000	SM	001044	000100	RV	10-2-021042
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>								
(FEES ARE PRORATED ON A QUARTERLY BASIS)								
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	DK	001113	000100	CD	8K000
1a. Transfer to headquarters								
2. Annual permit for 15 to 171 spaces	5.00	99-910	MP	001113	000100	RV	UQ000	10-2-021042
2a. Transfer to headquarters	3.50 per space	XX-354	DK	001113	000100	CD	8K000	20-2-141001
	10%	98-910	MP	001113	000100	RV	UQ000	10-2-021042

**C5** \*\*Must use County Health Department IBI (01-67)

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mparable services in the mental coding manuals; t of services and therefore grams. These contracts rly handled at the district escial family planning and

TANING FACILITIES												LUMINIQUE	
3. Storage facilities permit postmarked after October 1	20.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
4. Treatment facilities operating permit by October	75.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
4. Treatment facilities operating permit after October 1	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
5. Transporter registration (one vehicle) postmarked by 10/1	75.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
5. Transporter registration (one vehicle) after 10/1	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
6. Transporter registration additional vehicle	75.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
6. Transporter registration additional vehicle	10.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000		
<b>TANNING FACILITIES</b>													
1. Annual license fee	150.00	135.00	XX-369	DK	001144	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
1a. Transfer to Headquarters	15.00	99-910	TN	001144	000100	RV	R9000	10-2-021042	64200600	00	1302000000		
2. Fee for each additional device	55.00	49.50	XX-369	DK	001144	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2.a. Transfer to Headquarters	5.50	99-910	TN	001144	000100	RV	R9000	10-2-021042	64200600	00	1302000000		
3. Late fee	25.00	25.00	XX-369	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>BODY PIERCING</b>													675
1. Annual License Fee	150.00	135.00	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
1a. Transfer to Headquarters	15.00	99-910	iE	001149	000100	RV	PIERS	10-2-021042	64200600	00	1302000000		
2. Temporary Establishment	75.00	67.50	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2a. Transfer to Headquarters	7.50	99-910	iE	001149	000100	RV	PIERS	10-2-021042	64200600	00	1302000000		
3. Late fee	100.00	100.00	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>FOOD ESTABLISHMENTS</b>													
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
1a. Transfer to Headquarters	16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000		
2. Annual Permit School Cafeteria Operating for more than 9 months	130.00	117.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2a. Transfer to Headquarters	13.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000		
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to Headquarters	16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000		
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
4a. Transfer to Headquarters	21.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000		

FBI Ann Revenue According to CHD Trust Fund									
DESCRIPTION	FEES AMOUNT	DEPOSIT AMOUNT	ORG L-4/L-5	OBJ EO	OBJ CODE	REVENUE CATEGORY	FUND GFSFFID	BUDGET ENTITY	PROGRAM COMPONENT
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
5a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
3. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	OK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
3a. Transfer to headquarters		21.06	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
7. Annual Permit for Bars/Lounges (Drink Service Only)	16.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
7a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
3. Annual Permit for Residential Facilities	110.00	99.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
3a. Transfer to headquarters		11.00	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
3. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
3a. Transfer to headquarters		8.50	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
10a. Transfer to headquarters		8.50	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
11. Annual Permit Other Food Service	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
11a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10K000	10-2-021042 64200600 00 1302000000
12. Plan Review	\$35/hour		\$35/hour	XX-348	DK	001092	000100	CD	8K000 20-2-141001 64200700 ** 1306000000
13. Food Worker Training	10.00	10.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
14. Request for Inspection	4.00	4.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
15. Re-inspection (after the first reinspection)	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
16. Late Renewal	25.00	25.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
<b>ON SITE SEWAGE DISPOSAL PROGRAM (OSIDS)</b>									
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
1a. Transfer to headquarters									
2. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	DK	001092	000100	RV	1E000	10-2-021042 64200600 00 1302000000
2a. Transfer to headquarters									
3. Site evaluation for a new system	60.00	55.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
3a. Transfer to headquarters									
4. Site evaluation for a system repair or modification of system	40.00	36.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
4a. Transfer to headquarters									
5. Permit for new systems, or modification to system	55.00	50.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
5a. Transfer to headquarters									
6. Site re-evaluation, new or repair or modification	40.00	36.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
6a. Transfer to headquarters									
7. New system or system modification installation inspection	55.00	50.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
7a. Transfer to headquarters									
8. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee.	5.00	4.40	99-910	ST	001203	000100	RV	1E000	10-2-021042 64200600 00 1302000000
8a. Transfer to headquarters									
9. Repair permit issuance which includes inspection	50.00	41.40	XX-361	DK	001092	000100	CD	8K000	20-2-141001 64200700 ** 1306000000
9a. Transfer to headquarters									

\*Must use County Health Department IBI (01-67)

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DESCRIPTION	FEES AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJEC- TIVE CODE	FO	REVENIE- CATEGORY	S OGA	FUND GF-SF-FD	BUDGET ENTITY	PROG- RAM COMPONENT	BI	FS - Ann Revenue Accruing to CHD Trust Fund
9h. Transfer to headquarters for training center		5.00	99-910	TC	001067	000100	RV	SEW/TN	10-2-021042	64200600	00	1302000000
10. Inspection of system previously in use	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
10a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
11. Respection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
11a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
12. Installation reinspection of non-compliant system per each site visit	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
12a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
13. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
13a. Transfer to headquarters		3.20	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
14. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
14a. Transfer to headquarters		12.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
15. Amendments or changes to the operating permit during the permit period per change or amendment	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
15a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
16. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
16a. Transfer to headquarters		8.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
17. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged beginning with second year of operation.	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
17a. Transfer to headquarters		8.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
18. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system	75.00	68.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
18a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
19. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
19a. Transfer to headquarters		50.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
20. Septage disposal service permit per annum	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
20a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
21. Additional charge per pump out vehicle	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
21a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
22. Portable or temporary toilet service permit per annum	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
22a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
23. Additional charge per pump out vehicle	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
23a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		12.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Septage disposal site evaluation fee per annum	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000
24a. Transfer to headquarters		8.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000
24. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000

1 \*\*Must use County Health Department IBI (01-67)  
 C5

DESCRIPTION	FEES	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF/FID	BUDGET ENTITY	BI	PROGRAM COMPONENT
24a. Transfer to headquarters		2.00	99-910	ST 001203	000100 RV 1E000	10-2-021042	64200600	00	1302000000		
25. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	DK 001135	000100 CD 8K000	20-2-141001	64200700	**	1306000000		
25a. Transfer to headquarters											
26. Variance application for a multi-family or commercial building per each building site		75.00	99-910	CR 001204	000100 RV BY000	10-2-021042	64200600	00	1302000000		
26a. Transfer to headquarters		200.00	100.00	XX-361	DK 001135	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
27. Inspection for construction of an injection well (FL Keys)											
FEE COLLECTED AT HEADQUARTERS - Onsite Sewage Program											
1. Application for innovative product approval		100.00	99-910	CR 001204	000100 RV BY000	10-2-021042	64200600	00	1302000000		
2. Application for registration including initial examination		75.00									
3. Initial registration		100.00									
4. Renewal registration											
5. Certificate of authorization each two year period		250.00									
DRINKING WATER											
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use		75.00	67.50	XX-367	DK 001166	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
1a. Transfer to headquarters											
2. Second Year Public Water Annual Operation Permit - Limited Use			7.50	99-910	64 001166	000100 RV M5000	10-2-021042	64200600	00	1302000000	
2a. Transfer to headquarters											
3. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences		70.00	63.00	XX-367	DK 001166	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to headquarters											
4. Initial Operating Permit Fee After March 31 of Any Year		7.00	99-910	64 001166	000100 RV M5000	10-2-021042	64200600	00	1302000000		
4a. Transfer to headquarters											
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation);		40.00	36.00	XX-367	DK 001165	000100 RV M5000	20-2-141001	64200700	**	1306000000	
Bacterial Sample Collection											
Chemical Sample Collection		40.00	40.00	XX-367	DK 001142	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
Combined Chemical microbiological		50.00	50.00	XX-367	DK 001142	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
6. Reinspection of Multi-Family Water System		55.00	55.00	XX-367	DK 001142	000100 CD 8K000	20-2-141001	64200700	*	1306000000	
7. Reinspection of Public Water System		25.00	25.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
8. Delineated Area Clearance Fee		40.00	40.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
9. Limited Use Commercial Registered System		50.00	50.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
10. Limited Use Commercial Public Water System		15.00	15.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
Operating Permit Family Day Care Establishment		25.00	25.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year		15.00	15.00	XX-367	DK 001092	000100 CD 8K000	20-2-141001	64200700	**	1306000000	
12. Sale Drinking Water Act (Delegated Counties)											
1. Construction permit for each Category / through III treatment											

CT\* Must use County Health Department BI (01-67)

DESCRIPTION	FEE DEPOSIT AMOUNT						ORG EFO CODE	OBJECT CODE	REVENUE CODE	REVENUE CATEGORY	FUND GFS FID.	BUDGET BI ENTITY	PROGRAM COMPONENT	Ann Revenue According to GFB Trust Fund
	AMOUNT	L4L5	AMOUNT	L4L5	AMOUNT	L4L5								
plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.														
a. Treatment plant - 5 MGD and above	7,500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
e. Treatment plant - up to 0.1 MGD	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.														
a. Treatment plant - 5 MGD and above	7,500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
f. Treatment plant - up to 0.01 MGD	400.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000			
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C., - Disinfection Only														
a. Treatment plant - 5 MGD and above	5,000.00	5,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit														
a. Serving a community public water system	500.00	500.00	XX-358	WC	1211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
b. Serving a non-transient non-community public water system	350.00	350.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
c. Serving a non-community public water system	250.00	250.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
5. Construction permit for each public water supply well														
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C..	500.00	500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
b. Any other public water supply well.	250.00	250.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.150(7) below.														
a. 1MGD and above	2,000.00	2,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
b. 1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
d. Up to 0.01 MGD	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		
e. Lead and Copper Corrosion Fee	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000		

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DESCRIPTION	EST. ANN. REVENUE ACCORDING TO CHD TRUST FUND					
	FEES AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJ CODE	REVENUE CATEGORY	PROGRAM COMPONENT
					UND OCA	UND GF-SF-FID
7. Minor modifications to systems that result in no change in the treatment or capacity.						
a. 1 MGD and above	300.00	XX-358	WC	001211	000100	CD SDWCH 20-2-141001
b. Up to 0.1 MGD	100.00	XX-358	WC	001211	000100	CD SDWCH 20-2-141001
8. Fines and Forfeitures	Variable	XX-358	WC	012020	001200	CD SDWCH 20-2-141001
9. General Permit Fee for any General Permit not specifically listed.	100.00	XX-358	WC	001211	000100	CD SDWCH 20-2-141001
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	XX-358	WC	001211	000100	CD SDWCH 20-2-141001
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	XX-358	WC	001211	000100	CD SDWCH 20-2-141001
Professional Geologist certification						
Radioactive Materials Licenses - General						
1. Annual fee: static elimination devices	\$25.00					For headquarters use only
2. Annual fee: measuring, gauging and control devices	\$25.00					For headquarters use only
3. Annual fee: in vivo testing license	\$125.00					For headquarters use only
4. Annual fee: in vitro testing license	\$125.00					For headquarters use only
5. Annual fee: depleted uranium license	\$125.00					For headquarters use only
Radioactive Materials Licenses - Specific						
Application Fees						
1. Source Material						
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$6,907					For headquarters use only
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$3,768					For headquarters use only
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$544					For headquarters use only
2. Special Nuclear Material (SNM).						
a. SNM in sealed sources contained in devices in measuring systems;	\$653					For headquarters use only
b. SNM not sufficient to form a critical mass, except as in 2.a., 2.c. and 5.e.	\$1,340					For headquarters use only
c. SNM to be used as calibration and reference sources.	\$205					For headquarters use only
3. Byproduct, naturally occurring or accelerator produced material.						
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,560					For headquarters use only
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.						For headquarters use only
c. Industrial radiography performed only in an approved shielded radiography installation.	\$2,923					For headquarters use only
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$1,643					For headquarters use only
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is						For headquarters use only

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DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG I-415	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GR-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	EST. ANN. REVENUE ACCORDING TO C.I.D. THIS FUND
												For headquarters use only
less than 10,000 curies;	\$605											
(I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$1,414											
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,659											
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$9,780											
g. Distribution of items containing radioactive materials to persons under a general license;	\$1,643											
h. Distribution of exempt quantities or items containing naturally occurring or accelerator-produced material to persons exempt from licensing;	\$1,643											
i. Well logging												
(I) Sealed sources or sub-surface tracer studies	\$1,135											
(II) Sub-surface tracer studies and sealed sources	\$1,436											
j. Nuclear Laundry;	\$3,200											
k. Industrial or medical research and development;	\$1,184											
l. (I) Fixed and portable gauging devices	\$605											
(II) In Vitro and clinical laboratory	\$725											
(III) Academic	\$978											
(IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$978											
(V) All other specific licenses except as otherwise noted	\$725											
m. Licenses of broad scope												
(I) Academic	\$3,200											
(II) Medical	\$3,200											
(III) Industrial or Research and Development	\$3,200											
n. Gas chromatography devices;	\$434											
o. Reference or calibration sources equal to or less than one millicurie total;	\$314											
p. Nuclear service licenses, such as leak testing, instrument calibration, etc.;	\$518											
4. Waste disposal or processing												
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$275,842											
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$27,084											

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DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	IBI ENTITY	PROGRAM COMPONENT	EST. AMT. REVENUE ACCruing to C/HB Trust Fund
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$5,780										For headquarters use only
5. Medical use.											
a. Teletherapy or high dose rate remote after loading devices;	\$1,414										For headquarters use only
b. Medical institutions including hospitals, except 5.a. and 5.e.;	\$1,643										For headquarters use only
c. Private practice physicians except 5.a. and 5.d.;	\$1,134										For headquarters use only
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 6AE-5.631, F.A.C., and materials authorized by Rule 6AE-5.650, F.A.C.	\$605										For headquarters use only
e. Nuclear powered pacemakers;	\$434										For headquarters use only
f. Mobile nuclear medicine services.	\$1,414										For headquarters use only
6. Civil defense.	\$544										For headquarters use only
7. Device, product, or sealed source safety evaluation.											
a. Device evaluation, per device;	\$1,208										For headquarters use only
b. Sealed source design, per source.	\$528										For headquarters use only
<b>Radioactive Materials Licenses - Specific Annual Fees</b>											
1. Source Material.											
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cat"; or powdered solid;	\$11,942										For headquarters use only
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;											For headquarters use only
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$7,439										For headquarters use only
2. Special Nuclear Material (SNM).											
a. SNM in sealed sources contained in devices used in measuring systems;	\$518										For headquarters use only
b. SNM not sufficient to form a critical mass, except as in 2.a., above, and 2.c. and 5.e., below;	\$1,944										For headquarters use only
c. SNM to be used as calibration and reference sources.	\$109										For headquarters use only
3. Byproduct, naturally occurring or accelerator produced material.											
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,802										For headquarters use only
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$3,840										For headquarters use only
c. Industrial radiography performed only in an approved shielded radiography installation,	\$2,161										For headquarters use only
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$2,657										For headquarters use only
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is											

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Part 3

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DESCRIPTION	FEES AMOUNT	DEPOSIT AMOUNT	ORG LINES	EO CODE	OBJECT CODE	REVENUE CATEGORY	SL OCA	FUND GF SF-FID	BUDGET IBI ENTITY	PROGRAM COMPONENT	According to CND Trust Fund
less than 10,000 curies;	\$605										For headquarters use only
f. (I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$1,630										
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,961										For headquarters use only
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$4,998										For headquarters use only
g. Distribution of items containing radioactive materials to persons under a general license;	\$2,150										For headquarters use only
h. Distribution of exempt quantities or items containing naturally occurring or accelerator-produced material to persons exempt from licensing;	\$2,150										For headquarters use only
i. Wall logging											
(I) Sealed sources or sub-surface tracer studies	\$1,498										For headquarters use only
(II) Sub-surface tracer studies and sealed sources	\$1,504										For headquarters use only
j. Nuclear Laundry;	\$5,661										For headquarters use only
k. Industrial or medical research and development;	\$1,474										For headquarters use only
l. (I) Fixed and portable gauging devices	\$966										For headquarters use only
(II) In Vitro and clinical laboratory	\$918										For headquarters use only
(III) Academic	\$1,171										For headquarters use only
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$870										For headquarters use only
(V) All other specific licenses except as otherwise noted	\$1,002										For headquarters use only
m. Licenses of broad scope											
(I) Academic	\$7,346										For headquarters use only
(II) Medical	\$5,474										For headquarters use only
(III) Industrial or Research and Development	\$4,568										For headquarters use only
n. Gas chromatography devices;	\$314										For headquarters use only
o. Reference or calibration sources equal to or less than one millicurie total;	\$132										For headquarters use only
p. Nuclear service licenses, such as, leak testing, instrument calibration, etc.;	\$410										For headquarters use only
q. Waste disposal or processing											
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$260,555										For headquarters use only
b. All other commercial facilities involving compaction, repackaging, storage or transfer,	\$24,971										For headquarters use only

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DESCRIPTION	FEES AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	REVENUE CATEGORY	SI	OCAs	FUND GF-SF/FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHO Trust Fund
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$5,735											For headquarters use only
5. Medical use.												
a. Teletherapy or high dose rate remote after loading devices;	\$1,378											For headquarters use only
b. Medical institutions including hospitals, except category 5.a. and 5.e.;												
c. Private practice physicians except category 5.a. and 5.d.;	\$1,908											For headquarters use only
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 64E-5.631, F.A.C., and materials authorized by Rule 64E-5.630; F.A.C..	\$1,340											For headquarters use only
e. Nuclear powered pacemakers;	\$748											For headquarters use only
f. Mobile nuclear medicine services.	\$266											For headquarters use only
6. Civil defense.	\$1,625											For headquarters use only
7. Device, product, or sealed source safety evaluation.	\$621											For headquarters use only
a. Device evaluation, per device;	NONE											
b. Sealed source design, per source.	NONE											
Reclamation Fee												For headquarters use only
X-Ray Machine Annual Registration Fees												
1. Medical, chiropractic, osteopathic, or naturopathic machines												
- First tube	\$145											For headquarters use only
Each additional tube	\$85											For headquarters use only
2. Veterinary machines - First tube	\$50											For headquarters use only
Each additional tube	\$34											For headquarters use only
3. Educational or industrial machines - First tube	\$47											For headquarters use only
Each additional tube	\$23											For headquarters use only
4. Dental or podiatry machines - First tube	\$31											For headquarters use only
Each additional tube	\$11											For headquarters use only
5. Medical accelerators	\$258											For headquarters use only
Each additional tube	\$148											For headquarters use only
6. Non-medical accelerators	\$81											For headquarters use only
Each additional tube	\$48											For headquarters use only
Radiologic Technologist Certifications												
1. Application and study guide (applicant also pays whatever fee the testing service charges)	\$75											For headquarters use only
2. Application without study guide (applicant also pays whatever fee the testing service charges)	\$50											For headquarters use only
3. Application through endorsement (no test needed)	\$45											For headquarters use only
4. Repeat examinations (applicant also pays whatever fee the testing service charges)	\$35											For headquarters use only
5. Renewal - first category	\$55											For headquarters use only

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DESCRIPTION	FEES AMOUNT	DEPOSIT AMOUNT	ORG LMS	EO CODE	REVENUE CATEGORY	SI OCA	FUND GF-SF-FD	BUDGET IBI ENTITY	PROGRAM COMPONENT	ACCOUNTING TO OMB TRUST FUND
Each additional category	\$40									For headquarters use only
6. Change in status from active to inactive	\$40									For headquarters use only
7. Late renewal fee	\$100									For headquarters use only
8. Duplicate certificate	\$10									For headquarters use only
9. Listings and mailing labels, per name	\$0.05									For headquarters use only
Setup charge										For headquarters use only
10. Study guide	\$55									For headquarters use only
Prs and Post Mining Fees	\$25									For headquarters use only
1. Gamma radiation exposure measurement (1 per acre)	\$7.50									For headquarters use only
2. Soil characterization measurement (1 per 20 acres)	\$320									For headquarters use only
3. Air monitoring measurements	\$165									For headquarters use only
4. Surface and ground water measurements	\$300									For headquarters use only
Low-Level Radioactive Waste Inspection Fee										
Cubic foot of waste shipped (minimum fee = \$30 per shipment)	\$1.95									For headquarters use only
Low-Level Radioactive Waste Transport Fee										
Annual transport permit	\$100									For headquarters use only
Water Analysis Fees										
1. Gross alpha	\$28									For headquarters use only
2. Gross beta	\$28									For headquarters use only
3. Radium 226	\$110									For headquarters use only
4. Radium 228	\$110									For headquarters use only
5. Uranium	\$110									For headquarters use only
6. Tritium	\$40									For headquarters use only
7. Strontium 89, strontium 90	\$95									For headquarters use only
8. Iodine 131	\$110									For headquarters use only
9. Photon emitters	\$128									For headquarters use only
Laboratory Certification Fees										
1. Safe drinking water certification	\$500									For headquarters use only
2. Clean water certification	\$500									For headquarters use only
3. Resource conservation recovery	\$500									For headquarters use only
4. Field of testing application	\$200									For headquarters use only

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